Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

2010

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	 Complete all entries in accord 	dance witl	h the instructions to the Form 550	0-SF.			
		ntification Information						
For	calendar plan year 2010 or fiscal p	plan year beginning 01/01/201	1	and ending 0	5/31/2	2011		
Α	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan	
В	This return/report is for:	first return/report	final retur	n/report		_		
	ī,	an amended return/report	short plan	year return/report (less than 12 mor	nths)			
С	Check box if filing under: Form 5558 automatic extension					DFVC progr	am	
		special extension (enter description						
Dr		<u> </u>						
		tion—enter all requested inform	ation		1h	Three-digit		
	Name of plan RODUCTS, INC. PROFIT SHARIN	IG PLAN			10	plan number	204	
						(PN) ▶	001	
					1c	Effective date of		
						09/24/	1980	
	Plan sponsor's name and address	(employer, if for single-employer	plan)		2b	Employer Ident		mber
J5 P	RODUCTS, INC.				20	(EIN) 91-111 Plan sponsor's		numbor
	- 87TH AVE. CT. E.				20	253-84	5-6419	iuiiibei
EDG	EWOOD, WA 98371				2d	Business code	(see instruc	tions)
					01.	42320		
3a JS P	Plan administrator's name and add RODUCTS, INC.	dress (if same as Plan sponsor, e 3003 - 87TH			30	Administrator's 91-111		
		EDGEWOOD	D, WA 983	71	3c	Administrator's	telephone r	number
							5-6419	
	the name and/or EIN of the plan s			port filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number from	om the last return/report. Sponso	r's name		4c	PN		
5a	Total number of participants at the	e beginning of the plan year			5a			2
			5b			0		
С	·		. ,	ear (defined benefit plans do not	5с			0
6a	Were all of the plan's assets during	ng the plan year invested in eligib	le assets?	(See instructions.)			X Yes	No
b	Are you claiming a waiver of the a	annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)		<u> </u>	_
	•	• •		ons.)			^ Yes	No
D-			orm 5500-	SF and must instead use Form 55	00.			
	rt III Financial Information	on						
7	Plan Assets and Liabilities			(a) Beginning of Year	<u> </u>	(b) End	l of Year	0
	Total plan assets		. 7a	740373	,			- 0
b	Total plan liabilities		. 7b	740579)			0
<u> </u>	Net plan assets (subtract line 7b f	·	7c		+			0
8	Income, Expenses, and Transfers			(a) Amount		(b)	Total	
а	Contributions received or receivals (1) Employers		. 8a(1)					
	(2) Participants		. 8a(2)					
	(3) Others (including rollovers)							
b	Other income (loss)			9846	3			
C	Total income (add lines 8a(1), 8a(9846
d	Benefits paid (including direct rolle							
	to provide benefits)		. 8d	750425				
е	Certain deemed and/or corrective	distributions (see instructions)	. 8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f					
g	Other expenses		. 8g					
h	Total expenses (add lines 8d, 8e,	8f, and 8g)	. 8h					750425
i	Net income (loss) (subtract line 8h	h from line 8c)	. 8i					740579
i		nstructions)						

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Part IV	Dian	(`haraci	arietice
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SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D

b	If the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan	Characteris	stic Co	des in	the instru	ctions		
art	٧	Compliance Questions							
0	Dui	ring the plan year:		Yes	No		Amo	ount	
а		is there a failure to transmit to the plan any participant contributions within the time period describe CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions repo line 10a.)			X				
С	Wa	the plan covered by a fidelity bond?							70000
d		I the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by f dishonesty?			X				
е	insı	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier urance service or other organization that provides some or all of the benefits under the plan? (Se tructions.)	e		X				
f	Has	s the plan failed to provide any benefit when due under the plan?	·· 10f		X				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	·· 10g		X				
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h						
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art		Pension Funding Compliance		1					
1	ls th	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an					. F	Yes	☐ No
12		this a defined contribution plan subject to the minimum funding requirements of section 412 of the						Yes	X No
_		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	000000	500011	JUL 01		· ∟		ш
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see nting the waiver.							
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin		_	24,		. 00		
b	Ent	er the minimum required contribution for this plan year			12b				
С	Ent	er the amount contributed by the employer to the plan for this plan year			12c				
d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the pative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	٧o	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?		·····			X	Yes	No
	If "Y	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broken PBGC?	ought unde	r the co	ontrol 		X	Yes	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide ich assets or liabilities were transferred. (See instructions.)	ntify the pla	an(s) to)				
1	3c(1) Name of plan(s):		13	c(2) El	IN(s)		13c(3)	PN(s)
20114	ion.	A namely for the late or incomplete filing of this return/report will be accessed unless reco	enable se	uco io	octob	lichad			
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonalties of perjury and other penalties set forth in the instructions, I declare that I have examined the					cable	a Sche	dule
SB o	·Sch	nedule MB completed and signed by an enrolled actuary, as well as the electronic version of this is true, correct, and complete.							
SIGI	J	Filed with authorized/valid electronic signature. 07/11/2011 JOHN M. S	TRETCH						

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

> Complete all entries in accordance with the instructions to the Form 5500-SF.

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	rt I Annual Report Identification Information	4		e 10 :	2044	
_For	calendar plan year 2010 or fiscal plan year beginning 01/01/201	b:	and ending 0	5/31/2	2011	
ΑТ	his return/report is for:	multiple-e	nployer plan (not multiemployer)		one-participa	nt plan
ВТ	his return/report is for:	final return	/report			
	\square an amended return/report $oxed{ imes}$	short plan	year return/report (less than 12 mo	nths)		
C	Check box if filing under: Form 5558	automatic	extension		DFVC progra	im
	special extension (enter description	п)				
Pa	rt II Basic Plan Information—enter all requested informa	ation				
1a	Name of plan		and Security	1b	Three-digit	
JS PF	RODUCTS, INC. PROFIT SHARING PLAN				plan number	001
				10	(PN) ▶ Effective date o	100 (100 (100 (100 (100 (100 (100 (100
,				10	09/24/1	
	Plan sponsor's name and address (employer, if for single-employer RODUCTS, INC.	plan)		2b	Employer Identi	
JOFF	RODUCTS, INC.			20	(LIIN)	elephone number
3003	- 87TH AVE. CT. E.				253-84	5-6419
EDGI	EWOOD WA 98371			2d	Business code (see instructions)
32	Plan administrator's name and address (if same as Plan sponsor, er	oler "Same	*\	3h	423200 Administrator's	
SAMI		iller Same	1		91-111	7986
				3с	Administrator's 253-84	lelephone number 5-6419
	the name and/or EIN of the plan sponsor has changed since the last		oort filed for this plan, enter the	4b	EIN	
ŗ	name, EIN, and the plan number from the last return/report. Sponso	r's name		4c	PN	
5a	Total number of participants at the beginning of the plan year	******		5a		2
b	Total number of participants at the end of the plan year	***********		5b		0
C	Total number of participants with account balances as of the end of complete this item)			5c		0
6a	Were all of the plan's assets during the plan year invested in eligib			1		X Yes ∏ No
	Are you claiming a waiver of the annual examination and report of				***************************************	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				**********	X Yes No
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 55	00.		
<u> 7</u>	Plan Assets and Liabilities		(a) Beginning of Year		76V E- J	
, a	Total plan assets	7a	740579	-	(b) End	of Year
	Total plan liabilities	7b		-		1177-1 1-11
	Net plan assets (subtract line 7b from line 7a)	7c	740579	9		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(h) 1	
а	Contributions received or receivable from:		(4)		(2)	
	(1) Employers	8a(1)				
	(2) Participants	8a(2)	The second state of the se			
	(3) Others (including rollovers)	1				
b	Other income (loss)		9846	3	7	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		-		9846
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	75042	5		
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	. 8f				
g	Other expenses	. 8g	and the second s			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				750425
i	Net income (loss) (subtract line 8h from line 8c)					-740579
j	Transfers to (from) the plan (see instructions)	. 8i				

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Signature of employer/plan sponsor

	The second secon	29 TV 24 Table
Dort IV	Plan Character	ictice

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions		312					
10	During the plan year:		Yes	No		Amo	unt	-0.0
а	Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х				100
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reporte on line 10a.)	10b		х				
С	Was the plan covered by a fidelity bond?	10c	X					70000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frau or dishonesty?	1 10d		×				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h				2 54. 2		
į	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c 5500))						Yes	☐ No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Contribution (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see insignanting the waiver. Nou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line.	ructions	, and e	enter th	e date of	the let	Yes tler ru	
9	COS 1.7 25 92 01 EL COS 1.00 MB 18		Г	12b				
b	Enter the minimum required contribution for this plan year.		7	12c	-			
d	Enter the amount contributed by the employer to the plan for this plan year	eft of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		lo [N/A
Part	VII Plan Terminations and Transfers of Assets						!!	11
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?				2301	X	Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a		***************************************		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?	hl unde	r the c			×	Yes	☐ No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	y the pla	an(s) lo)				***
•	3c(1) Name of plan(s):		13c(2) EIN(s)			13c(3) PN(s)	
	······································							
Cauf	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reason	able ca	use is	estab	lished.			
Unde SB o	or penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this ret f, it is true, correct, and complete.	return/re	eport, i	ncludin	g, if appli	cable, y know	a Sch /ledge	edule and
SIG	x ohn M Tetch 17-6-11 JOHN M. S	RETCH	ļ.					
HER		of individ	lual siç	ining a	s plan ad	ministr	alor	
SIC								

Date

Enter name of individual signing as employer or plan sponsor